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Invoice ID: 2348081

Created on 2/22/2016 11:45 AM Last updated on 5/26/2016 4:27 PM

Applicant Form Identifier 2735857\_7-12/15

**Block 1: Header Information** 

### Need Help?

1. Billed Entity Name

2. Billed Entity Number

3. Service Provider

MARY QUEEN OF HOLY ROSARY SCH

44662

Identification Number (SPIN)

143030408

Applicant FCC Form 498 ID

4. Contact Name

RICHARD SENTURIA

5. Contact Telephone Phone

(314) 282-3676

**Contact Fax** 

(314) 395-5882

**Contact Email** 

rsenturia@erateprogram.com

6. Total Reimbursement Amount (total from Block 2, Column 14) \$ 374.87

## Block 2: Line Item Information Per Funding Request Number

## Need Help?

7. FCC Form 10. Customer 11. Shipping 8. Funding 9. Bill 12. Total 14. Discount **Approval** (Undiscounted) 471 Request **Billed Date** date to **Amount Billed** Frequency Discount Status Application Number Customer or Amount for to USAC Number (FRN) Last Day of (Column 12 Service Work multiplied by (from Funding (from Performed Column 13) Commitment **Funding** (mm/dd/yyyy) Decision Commitment Letter) Decision Letter) 1) 1007662 2735857 7/1/2015 \$ 1874.34 20 \$ 374.87 **AWAITING** CERTIFICATION

**Block 3: Billed Entity Certification** 

#### Need Help?

#### Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

### Submission Date 5/26/2016

17. Name

RICHARD SENTURIA

18. Title/Position CONSULTANT

20. Address 1

9666 OLIVE BOULEVARD

Address 2

SUITE 215

City

**STLOUIS** 

State

МО

Zip Code

63132 -

19. Phone Number

(314) 282-3676

19a. Fax Number

(314)395-5882

19b. Email

erp@erateprogram.com

19c. Name of Authorized eRate Program LLC

Person's Employer

OMB Number 3060 - 0856 Form 472

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Client Service Bureau: 1-888-203-8100

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## View BEAR Invoice

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Invoice ID: 2683226 Created on 9/7/2017 4:46 PM Last updated on 9/12/2017 5:05 AM

Applicant Form Identifier 15\_7-12 FRN 2735857

**Block 1: Header Information** 

#### Need Help?

1. Billed Entity Name MARY QUEEN OF HOLY 2. Billed Entity Number

3. Service Provider

**ROSARY SCH** 

44662

Identification Number (SPIN) 143030408

Applicant FCC Form 498 ID

443023332

4. Contact Name

RICHARD SENTURIA

5. Contact Telephone Phone

(314) 282-3676

**Contact Fax** 

(314) 395-5882

**Contact Email** 

erp@erateprogram.com

6. Total Reimbursement Amount (total from Block 2, Column 14) \$374.87

#### **Block 2: Line Item Information Per Funding Request Number**

## Need Help?

7. FCC Form 471 Application Number  (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discoun Rate	14. Discount t Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 1007662	2735857 N	MONTHLY	7/1/2015		\$ 1874.34	20	\$ 374.87	COMPLETE

### **Block 3: Billed Entity Certification**

#### Need Help?

### Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

## Submission Date 9/7/2017

17. Name

RICHARD SENTURIA

18. Title/Position CONSULTANT

20. Address 1

9666 OLIVE BLVD

Address 2

SUITE 215

City

State

Zip Code

STLOUIS

MO 63132 - 19. Phone Number

(314) 282-3676

19a. Fax Number

(314)395-5882

19b. Email

erp@erateprogram.com

19c. Name of Authorized

eRate Program, LLC

Person's Employer

OMB Number 3060 - 0856 Form 472

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## **View BEAR Invoice**

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Invoice ID: 2695187 Created on 9/26/2017 1:54 PM Last updated on 9/29/2017 5:06 AM

Applicant Form Identifier 15\_1-6 FRN 2735857

**Block 1: Header Information** 

#### Need Help?

1. Billed Entity Name

2. Billed Entity Number

44662

3. Service Provider

MARY QUEEN OF HOLY

**ROSARY SCH** 

Identification Number (SPIN)

143030408

Applicant FCC Form 498 ID

443023332

RICHARD SENTURIA

5. Contact Telephone Phone

(314) 282-3676

**Contact Fax** 

4. Contact Name

(314) 395-5882

**Contact Email** 

erp@erateprogram.com

6. Total Reimbursement Amount (total from Block 2, Column 14)

\$430.02

## Block 2: Line Item Information Per Funding Request Number

## Need Help?

7. FCC Form Request Application Number

8. Funding 9. Bill Frequency

1/1/2016

10. Customer 11. Shipping date to

12. Total (Undiscounted) 13. Discount

14. Discount **Amount Billed**  Approval

Number (FRN)

Letter)

2735857

MONTHLY

**Billed Date** 

Customer or Last Day of Work

Amount for Service

to USAC Rate (Column 12 multiplied by Column 13)

(from Funding Commitment

Decision Letter)

1) 1007662

(from Funding Commitment Decision

Performed (mm/dd/yyyy)

> 20 \$ 430.02 COMPLETED \$2150.10

# **Block 3: Billed Entity Certification**

## Need Help?

### **Contact Information for Billed Entity Authorized Person:**

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

## Submission Date 9/26/2017

17. Name

RICHARD SENTURIA

18. Title/Position CONSULTANT

20. Address 1

9666 OLIVE BLVD

Address 2

SUITE 215

City

OLIVETTE

State

MO 63132 -

Zip Code

19. Phone Number

(314)282-3676

19a. Fax Number

(314)395-5882

19b. Email

erp@erateprogram.com eRate Program, LLC

19c. Name of Authorized

Person's Employer

OMB Number 3060 - 0856 Form 472

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